

Mississippi Pass-Through Entity Tax Return 2014

Tax	Year Beginning	Tax	x Year Ending
FEI	N Mississippi Secretary of State	e ID	NAICS Code
Lega	al Name and DBA	Partnership / LLC / LLP (Federal 1065)	S Corporation (Federal 1120-S)
, , , ,		CHECK ALL THAT APPLY	CHECK ONE
City	State Zip +4	Composite Return Amended Return	100% Mississippi Multistate Apportioning
Co	unty Code Total Number of Mississippi K-1's	Final Return	Multistate Direct Accounting
ŀ	f issuing 100 or more K-1's, this return <u>must</u> be filed electronically. See www.dor.ms.gov for information.	Non Profit	
S	CORPORATION FRANCHISE TAX	(ROUN	ID TO THE NEAREST DOLLAR)
1	Taxable capital (from Form 84-110, line 19)	1	.00
2	Franchise tax (minimum tax \$25)	Fee-In-Lieu 2	00
3	Franchise tax credit (from Form 84-401, line 1)	3	- 00
4	Net franchise tax due (line 2 minus line 3)	4	00
С	OMPOSITE INCOME TAX		
5	Mississippi net taxable income (from Form 84-122, line 32)	5	00
6	Income tax	6	000
7	Income tax credits (from Form 84-401, line 3)	7	00
8	Net income tax due (line 6 minus line 7)	8	00
Р	AYMENTS AND TAX DUE		
9	Total franchise and/or income tax (S corporations use line 4 only; composite S corporations use line 4 plus line 8; composite partnerships use line 8 only	9	000
10	Overpayments from prior year	10	.00
11	Estimated tax payments and payment with extension	11	.00
12	Total payments (line 10 plus line 11)	12	00
13	Net total franchise and/or income tax (line 9 minus line 12)	13	.00
14	Interest and penalty on underestimated income tax payments (composite S and composite partnerships only; from Form 83-305, line 17)	corporations 14	00
15	Late payment interest	15	00
16	Late payment penalty	16	00



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17	Late filing penalty (minimum incom	e tax penalty \$100)		17	00
18	Total balance due (if line 9 is larger	than line 12, add lin	e 13 through line 17)	18	.00
19	Total overpayment (if line 12 is large	ger than line 9, subtra	act line 9 from line 12)	19	-00
20	Overpayment credited to next year	r (from line 19)		20	00
21	Overpayment to be refunded (line	19 minus line 20)		21	.00
	See instructions for electronic pa	yment options or a	ttach payment voucher, Form 84-300), with check or money	order for balance due.
P	ART I: ENTITY INFORMATION				
1	If final return, enter reason and date	effective:		Date	
	If the entity has been sold or merg	ed or incorporated, o	complete the following: Name, address	and FEIN of the new ex	xisting corporation:
2	If amended return, check reason.	Mississippi C	orrection Federal Correction	Other	
3	If a partnership or LLC, has a federa	al election been made	e to file as a corporation?	. No	
4	Check if the company has been aud	ited by the IRS.	If the company has been audited, v	what year(s) are involved	
5	Principal business activity in Mississ	sippi	5a County loc	ation in Mississippi	
6	Principal product or service in Missis	ssippi			
7	Contact person for this return		7a Location a	nd Phone number	
P.	ART II: PASS-THROUGH ENTITY	SCHEDULE			
	t all pass-through entities in Mississip m 84-105, page 4, if needed.	ppi that the S corpora	tion / Partnership invested in during the	e tax year. Attach addition	onal schedule(s),
	ENTITY NAME	FEIN	ADDRESS		ENTITY TYPE
\vdash		<u> </u>			



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PART III Q-SUB/DISREGARDED ENTITY SCHEDULE					
List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities. Attach additional schedule(s), Form 84-105, page 4, if needed.					
ENTITY NAME	FEIN		ADDRESS		MISSISSIPPI OPERATIONS (Y/N)
PART IV	E	NTITY OFFICER	RINFORMATION		
List the owners, officers, directors, or par	tners who have a re	sponsibility in the	fiscal management of	f the organization.	
OFFICER NAME AND TITLE	SSN		ADDRESS		OWNERSHIP PERCENTAGE
Check box if return may be disc I declare, under penalties of perjury, that I it this is a true, correct and complete return.	nave examined this ret	urn and accompa	nying schedules and sta ayer) is based on all inf	atements, and to the be formation of which prep	st of my knowledge and belief, parer has any knowledge.
Officer Signature and Title			Date	Business Phone	
Paid Preparer Signature	Date		Paid Preparer Address		
Paid Preparer PTIN	Paid Pre	parer Phone	City	State	Zip Code



Mississippi Supplemental Pass-Through Entity Schedule 2014

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	PASS-THROUGH ENTITY SCHEDULE						

List all pass-through entities in Mississippi that the S corporation / Partnership invested in during the tax year, continued from page 2, part II.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

Q-SUB/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities, continued from page 3, part III.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)
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